

Notary Public

City of Hampton **CONDITIONAL USE APPLICATION**

(Pursuant to Appendix A: Zoning, Article 12. Section 12-5)

City Hall 17 East Main Street South PO Box 400 Hampton, GA 30228

Phone: 770.946.4306 Fax: 770.946.4356 www.hamptonga.gov

MAYOR

ANN N. TARPLEY

MAYOR PRO-TEM MARTY MEEKS

CITY COUNCIL SHEILA BARLOW HENRY BYRD DEVLIN CLEVELAND MARY ANN MITCHAM WILLIE TURNER

CITY MANAGER ALEX S. COHILAS

Name of Applicant:			_Tel.:	
Mailing Address:			_Email:	
Name of Property Owner:			_Tel:	
(Attach additional page for more than one own Address of Property:				
Zoning Classification: Current:			,	
Use of Property: Current:			Requested:	
Surrounding Zoning: North Describe the proposed use and the impact the	South			
neighborhood(s) and Hampton city-wide.				
ATTACH THE FOLLOWING DOCUMENTS: 1. Written legal description of the property (copy of deed) – full metes and bounds description rather than plat reference. 2. Plat showing property lines and lengths and bearings, adjoining streets, locations of existing buildings, north arrow and scale. Submit seven copies of the plat. Submit on PDF of the plat. 3. List of adjacent property owners 4. Disclosure of Campaign Contributions and Gifts Form. 5. If Property Owner and Applicant are not the same, Authorization by Property Owner Form or Authorization of Attorney Form. 6. Filing fee payable to the City of Hampton. 7. Letter of Intent, conceptual plan I hereby authorize the staff of City of Hampton to inspect the premises of the above described property. I hereby depose and say that all statements herein and attached statements submitted are true and correct to the best of my knowledge and belief. Sworn to subscribe before me This day of , 20				
		Sic	gnature of Applicant	

Planning Department Review:

Date of Review:	
Staff's Recommendation:	
Conditions:	
Mayor and Council of the Cit	y of Hampton:
Date of Hearing:	
Date of Hearing: Council's Decision:	
•	
Council's Decision:	

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

	Reference: as follows:	Application filed on	20, t	o rezone real property described	
	\$250.00 or r	years preceding the above filing date, the Applicant h more to each member of the City Council of the City ow. List (1) the name and official position of the local and date of each such campaign contribution.	f Hampton w	ho will consider the Application a	nd
	I hereby dep and belief.	pose and say that all statements herein are true, corr	ect and comp	ete to the best of my knowledge	
	Signature of	f Applicant			
		nd subscribed before me			
_	Notary Public	ic			

DISCLOSURE OF FINANCIAL INTERESTS

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed onas follows:	, 20, to rezone real property described
follows: The undersigned official of the City of Hampton h (Note 3) which has a property interest in said pro The undersigned official of the City of Hampton h	nas a member of the family (Note 4) having a terest in a business entity in said property, which
Note 1: Property interests – Direct ownership of real propertotal ownership. Note 2: Financial interest – All direct ownership interests ownership interest is 10 percent (10%) or mo Note 3: Business entity – Corporation, partnership, limited or trust. Note 4: Member of family – Spouse, mother, father, broth	of the total assets or capital stock of a business entity re. d partnership, firm, enterprise, franchise, association,
I hereby depose and say that all statements herein are truknowledge and belief.	ue, correct and complete to the best of my
Signature of Applicant	
Sworn to and subscribed before me Thisday of, 20	
Notany Duhlic	

AUTHORIZATION OF PROPERTY OWNER

Application for Rezoning or Variance

I swear that I am the owner of the property, which is the subject matter of the attached application, as is shown in the records of Henry County, Georgia.

I authorize the person named below to act as Applicant in the pursuit of rezoning or a variance of this property.

	Name of Applicant:
	Address:
	Telephone No:
	Signature of Owner
	Personally, appeared before me
	Who swears the information contained in this authorization is true and correct to the best of his or her knowledge and belief.
	Notary Public
_	Data

AUTHORIZATION OF ATTORNEY

Application of Rezoning or Variance

I swear that as an attorney at law, I have been authorized by the owner to file the attached applicat		
Signature of Attorney		
Name		
Address		
City	State	Zip Code
Telephone Number		